

Grant Award Notification

GRANTEE NAME AND ADDRESS

GANAS Academy, Inc
6226 Villa Ryan Way
Buena Park, CA 90620

Attention

Sakshi Jain, Head of School

Program Office

GANAS Academy

Telephone

714-366-4257

Name of Grant Program

Public Charter Schools Grant Program

CDE GRANT NUMBER

FY	PCA	Vendor Number	Suffix
18	15385	Z277	00

STANDARDIZED ACCOUNT CODE STRUCTURE

Resource Code Revenue Object Code

4610

8290

COUNTY

30

INDEX

0120

GRANT DETAILS**Original/Prior Amendments**

\$475,000.00

Amendment Amount**Total**

\$475,000.00

Amend. No.**Award Starting Date**

9/12/2018

Award Ending Date

7/31/2019

Federal Agency**CFDA Number**

84.282A

Federal Grant Number

U282A160024

Federal Grant Name

Charter Schools Program

U.S. Dept. of Education

I am pleased to inform you that you have been funded for the Public Charter Schools Grant Program Planning and Implementation sub-grant. Funds are scheduled to be issued in the following order: \$475,000.00 in Fiscal Year (FY) 2018-19. This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.

For additional information regarding the grant award ending date, please refer to Page 2 of the Grant Award Notification (GAN) (AO-400). Please return the original, signed GAN to:

Charter Schools Division
Public Charter Schools Grant Program Office
California Department of Education
1430 N Street, Suite Number 5401
Sacramento, CA 95814-5901

California Department of Education Contact

Lisa F. Constancio

Job Title

Director, Charter Schools Division

E-mail Address

PCSGPGeneral@cde.ca.gov

Telephone

916-322-6029

Signature of the State Superintendent of Public Instruction or Designee**Date**

December 31, 2018

CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS

On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.

Printed Name of Authorized Agent**Title****E-mail Address****Telephone****Signature****Date**